

Direct Deposit Enrollment



ACCOUNT HOLDER

EMPLOYER

Name:				Name:			
Address:				Address:			
City:	State:	Zip:		City:	State:	Zip:	
Last 4 digits of Social Security Number:							

ACTION New Change **EFFECTIVE DATE:**

DIRECT DEPOSIT ACCOUNT INSTRUCTIONS

I authorize my employer to deposit my wages/salary to the following SCCCU account(s):

ACCOUNT #1 ROUTING NUMBER:

Account Type (select one):				Amount to deposit (select one):			
<input type="radio"/> Checking	Account Number	<input type="text"/>	<input type="text"/>	<input type="radio"/> Specific Amount:			
<input type="radio"/> Savings	Account Number	<input type="text"/>	<input type="text"/>	<input type="radio"/> Percentage of Net Pay:			

ACCOUNT #2 ROUTING NUMBER:

Account Type (select one):				Amount to deposit (select one):			
<input type="radio"/> Checking	Account Number	<input type="text"/>	<input type="text"/>	<input type="radio"/> Specific Amount:			
<input type="radio"/> Savings	Account Number	<input type="text"/>	<input type="text"/>	<input type="radio"/> Percentage of Net Pay:			
				<input type="radio"/> Remainder of Net Pay			

By signing below, I agree that I am the account holder and I authorize my employer to make direct deposits into the named account(s) above.

Signature

Date

Printed Name

MEMBER CALL CENTER: 831-425-7708

Santa Cruz
324 Front Street
Santa Cruz, CA 95060

Watsonville
590 Auto Center Dr., Suite 2A
Watsonville, CA 95076

Soquel
2750 41st Avenue, Suite F
Soquel, CA 95073